THE Child

Monthly News Summary

APRIL
1939

Volume 3
Number 10

Published by the
CHILDREN'S BUREAU
U. S. DEPARTMENT OF LABOR
WASHINGTON, D. C.

THE CHILD — MONTHLY NEWS SUMMARY

Volume 3, Number 10 April 1939

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For sale by Superintendent of Documents, Government Printing Office, Washington D. C. Price 10 cents a copy; subscription price $1 a year; postage additional outside the United States.

CHILDREN'S BUREAU

KATHARINE F. LENROOT, CHIEF

UNITED STATES DEPARTMENT OF LABOR

FRANCES PERKINS

SECRETARY

CHILD HEALTH DAY--1939
BY THE PRESIDENT OF THE UNITED STATES OF AMERICA
A PROCLAMATION

WHEREAS the Congress by joint resolution of May 18, 1928 (45 Stat. 617), has authorized and requested the President of the United States to issue annually a proclamation setting apart May 1 as Child Health Day; and

WHEREAS the health of children is of great concern to all citizens:

NOW, THEREFORE, I, FRANKLIN D. ROOSEVELT, President of the United States of America, do hereby designate May 1, 1939, as Child Health Day, and urge each community to consider how the knowledge of the best methods of promoting health may be spread among all those responsible for the care of children and how proper provision may be made to insure care for the health of all children. And I also call upon the children of each community to celebrate this year's gains in health and growth, and to consider how they may do their part in promoting their own health and the health of the Nation.

IN WITNESS WHEREOF I have hereunto set my hand and caused the seal of the United States to be affixed.

DONE at the city of Washington this fourth day of April in the year of our Lord nineteen hundred and thirty-nine, and of the Independence of the United States of America the one hundred and sixty-third.

[SEAL]

FRANKLIN D. ROOSEVELT

By the President:

CORDELL HULL
Secretary of State.

NORTH CAROLINA STATE-WIDE CONFERENCE ON BETTER CARE FOR MOTHERS AND BABIES

NORTH CAROLINA LOOKS BEYOND THE CONFERENCE

By Elizabeth M. Wagenet,
Executive Secretary, National Council for Mothers and Babies

Five hundred men and women put in a busy day in Raleigh, on February 15, 1939, when North Carolina held its State-wide Conference on Better Care for Mothers and Babies. First State conference of its kind in the United States, the North Carolina conference applied itself to the job of collecting information on maternity and infancy care from leaders selected from the fields of medicine and the allied professions, from social work, and from club groups. Because in the construction of this conference may lie a pattern for other States to follow, what these leaders did and what they said is of especial consequence.

Background of the Conference

In January 1938 the Children's Bureau of the United States Department of Labor called a National Conference on Better Care for Mothers and Babies. North Carolina is the first State to follow suit by gathering its citizens together for a close view of its own maternity and infancy problems and a sampling of its citizen activity for better care.

The part taken by the Advisory Committee to the Maternal and Child Health Services, which sponsored the conference in the first place, may well prove an example to other States. Nearly every State has such an advisory committee, organized as the most effective way of showing the cooperation of the State health agency with other medical, nursing, and welfare organizations as required under the Social Security Act.

Collaborating with the Advisory Committee to the Maternal and Child Health Services of the North Carolina State Board of Health in the preparation for the conference was the National Council for Mothers and Babies, created pursuant to the National Conference on Better Care for Mothers and Babies held in 1938. The National Council is composed of 58 professional and voluntary national organizations whose programs range over a wide territory of interest. Each organization, whether its members are obstetricians, pediatricians, surgeons, farm women, trade-union members, club women, nurses, or teachers, has dedicated at least a part of its program to advancing better care for mothers and babies. Member organizations having a State branch in North Carolina gave national backing to stimulate interest of the local branch in the State maternity and infancy program. Other member organizations transmitted their interest through the National Council. Letters went to 100 leaders in the State from the National Council.

The North Carolina conference did not "spring full panoplied" from anywhere but was painstakingly built with the thought that the members would go home carrying a clearer picture of how to help mothers in their own counties. The persons sponsoring the conference were convinced of the value of a plan built on cooperation--not as a comfortable word, vague in meaning, but as a way of thought and action. It is significant that approximately 250 of the 500 persons attending the conference were connected with the State, city, or county health departments; that 150 more were professional persons not connected with health departments; and that the remaining 100 were leaders in organization groups.

Asking why a mother in North Carolina is more than twice as likely to die during pregnancy or childbirth as a mother in Connecticut and why an infant born in North Carolina has only about half the chance of an infant born in New Jersey of living until its first birthday, came men and women from 72 of the 100 counties in the State, from the mountains and from counties on the edge of the Atlantic Ocean, from the "sandhill belt," from the Piedmont, from the cash-crop cotton and tobacco sections, from cities, towns, and rural districts.

The strength of purpose of these men and women was shown by the fact that a driving wind and rain had no deterrent effect upon attendance. The conference began in a room large enough to seat 300, but before the end of an hour it was adjourned to a larger auditorium because many persons were standing and more were arriving every minute.

Too often the conference method results in an elaborate parade of opinions muffling the impact of reality. In this North Carolina conference emphasis was on results.

Program of the Conference

The place of the North Carolina conference as a notable event was assured by the welcome of Governor Clyde R. Hoey and by the whole-hearted and understanding support given by the State health officer, Dr. Carl V. Reynolds. Dr. Aldert S. Root, chairman of the North Carolina Section of the American Academy of Pediatrics, gave time and wisdom to the preliminary plans and discussions and served as chairman of the conference. Dr. George M. Cooper, director of maternal and child-health services, worked untiringly to have in attendance persons who would understand, feel responsibility, and so carry forward the program. When they had come, he gave them, as a focus around which the discussion could be built, a picture of the State's problems. He said:

> We are frequently asked why North Carolina should have a continued high infant death rate. One of the answers is the high birth rate. But the birth rate is not inordinately high if mothers are healthy and babies are born in healthy condition. We evidently lack those conditions in this State!

In explaining the lack of healthy conditions, Dr. Cooper pointed out that there were conditions of poverty and ignorance; that 16,000 colored women and 5,000 white women each year depend solely upon midwives; that many others receive the services of a physician only during the hours of confinement. He further stated:

> There were more than 5,000 infant deaths recorded in North Carolina in 1937, a rate of 66 per 1,000 live births. Only 6 States in the Union reported a higher rate.

The conference program was framed to bring to the fore experience and knowledge from many fields. It included not only problems presented by pediatricians, obstetricians, and health officers, but also statements about the fields of dentistry, nursing, nutrition, social work, farm security, and Negro health work. The program also included summaries of some of the ways in which club women have helped the health officer in certain counties and talks by speakers bringing national experience.

Medical and social problems connected with maternity and community work to help the city or county health officer were the subjects of the morning and afternoon sessions, summarized by Mrs. J. K. Pettengill, president of the National Congress of Parents and Teachers. In the evening broader national aspects of maternity and infancy work were presented by Dr. Martha M. Eliot, Assistant Chief of the United States Children's Bureau, and by Dr. Fred L. Adair of Chicago, chairman of the American Committee on Maternal Welfare.

The "casting up of accounts" was popularized in English literature by Samuel Pepys. It is to be hoped the North Carolina conference will popularize casting up of accounts in State maternity programs. The famous diarist carried on in secrecy and by candlelight, but North Carolina cast up her accounts for mothers and babies in the broad light of many minds. The people were called in to help.

Highlights From the Conference Papers

Certain determinations stood out in all the speeches--a readiness to join with the health department to bring about greater use of existing services, to extend services both geographically and functionally, and to have those services enriched by providing further education for their personnel. To quote from two speakers:

Dr. J. Buren Sidbury, president, State Medical Society

> It is the earnest desire of our State health department and the pediatrists of the State to see established in each county one or more maternity and infant-welfare clinics to which shall be assigned an obstetrician and a pediatrist as consultants if not regular attendants. These clinics could be sponsored jointly by the county medical society and the local board of health. The doctors in attendance at the clinic could be designated by the county society. A reasonable fee for holding these clinics should be paid the physicians.

Dr. F. Bayard Carter, Duke University Medical School

> In this State today we have quite a goodly number of young men who are extraordinarily well trained in obstetrics and gynecology sitting around doing very little because of this system of having

to wait for a practice. These men and their training and ability should be utilized to the highest degree. If it requires full-time work paid for by the health department or Federal or State Government, supervised by county medical society, let us utilize them as part of our plan to further maternal and infant care. It is singularly necessary that we provide trained pediatricians for every district in a community. But I know of no fellowship in pediatrics in Virginia, North Carolina, or South Carolina.

To borrow a term from the field of archery, this conference, in order to reach the goal of reducing maternal and infant deaths, took as its "point of aim" reduction in the number of babies born prematurely. Better prenatal care then became of first concern, and the discussion centered around circumstances tending to deflect the aim and ways of controlling these circumstances. Dr. Cooper's challenge to the county health officers was answered by Dr. Sidbury, who said:

The pediatrists stand ready to join hands in this coordinated campaign to lower the death rate in the first month of life and especially in the first week of life. The public-health man must approach the problem from the standpoint of the health needs of the community as a whole. The pediatrist may be considered as his lieutenant who will carry specific tasks to their conclusion.

Dr. Arthur H. London, pediatrician, Durham — More than half of the deaths in the first month of life are deaths of premature infants and the rate of these deaths has gone down scarcely at all in the past 20 years. Prematurity offers the pediatrician of today his greatest challenge. The premature baby should be considered an emergency even more than the classical surgical emergency, acute appendicitis.

Dr. Fred Hale, president, State Dental Society — It has not been proven that the unborn child is directly involved through the influence of oral infection, but there is abundance of evidence to support the belief that the general health of the pregnant woman is often considerably lowered by oral disease and that, as a consequence, a feeble resistance handicaps the mother in the successful termination of delivery.

To give brand-new North Carolina babies a proper start in life there should be more adequate facilities for the care of their mothers during the 9 months before birth. If the facilities are provided, the number of patients receiving prenatal care grows, testified physicians in charge of maternity clinics:

Dr. W. Z. Bradford, Charlotte Maternity Clinic — It is estimated that in this State more than 15,000 births occur annually in which the first medical contact is at time of labor. The widely scattered rural population, the inaccessibility of adequate medical care upon many tenant cotton and tobacco farms, and the pathetic financial inability of many to purchase adequate maternity and infancy care are outstanding factors in our social and economic structure which require consideration.

In the early days of the Charlotte Maternity Clinic, scarcely 50 percent of our patients received prenatal care, whereas today more than 95 percent are attended prior to delivery. It is a striking fact that more than three-fourths of the patients are seen in the first two trimesters of pregnancy.

Dr. Cooper stated that 156 maternity and infancy centers were being conducted in 43 counties of North Carolina, and that arrangements had been made to establish centers in three additional counties, through the local health departments.

But when a woman employs an untrained midwife, there is little or no supervision during the period of pregnancy. That is one reason why it seemed important to persons attending the conference to "look to the midwives." Dr. Cooper spoke of the fact that there should be a sufficient number of experienced nurse-midwives for every local health department to have one on its staff, as one means of supervising local midwives.

Dr. Bradford, Dr. Parker, Dr. Carter, and Dr. Hughes spoke of the need for making consultation service available to local physicians. Dr. Daily, Director of the Maternal and Child Health Division, United States Children's Bureau, told of the use of this sort of service in other States with a large rural population--in Maryland, for instance --and stated that there are now 16 State health departments that provide pediatric consultation and 20 that provide obstetric consultation.

Dr. Bradford — Of the 3,500,000 population in North Carolina, approximately 85 percent live in communities of 10,000 or less. Approximately one-third of the births in North Carolina are still attended by midwives, in most cases untrained and of questionable competence.

Among the accomplishments of the program for better care in this State are the elimination of more than 4,000 unqualified midwives from active practice and the systematic annual registration of midwives.

Dr. W. R. Parker, health officer, Jackson

When I first went to work in Northampton County we had 75 midwives. Now our number is down to 42 and we are expecting a further reduction through the process of eliminating the old and noncooperative.

Admittedly facilities for prenatal care fall far short of what is needed in North Carolina. But where prenatal service is available it was said to be relatively easy to get the Negro women to use it and "distressingly hard to induce the white women to come." Transportation was spoken of as one difficulty, but as Dr. Parker put it, "The disease that tops the list with us is ignorance, complicated by poverty." And as Dr. Carter said, "I have found that the mortality and morbidity, as far as our clinic is concerned, are in direct proportion to the ignorance of the patients."

The subjects of poverty and ignorance drew the conference into the social-work field, illustrating again the dramatic willingness shown by members of all professions to lend their skills in the campaign.

Professor George H. Lawrence, University of North Carolina

Since the child's early development is so intimately affected by and so extremely dependent upon the mother, there is about as much reason for social workers as for the professional health authorities to be concerned with a better maternal and infant-health program. Social workers in the past have seen too often the family broken by the chronic illness or death of the mother with the resultant dependency of many children. They have seen many complexities of individual and family maladjustments which are directly traceable to a lack of reasonable physical care of mothers and babies. The life and physical condition of the mother, particularly during her child-bearing years, are of such vital significance to the development of her children as to merit the prime consideration of social workers.

Other high spots of the conference were the description by Mrs. Wilbur H. Currie, of Moore County, of the way in which she started single-handed the now vigorous program for maternity care in her county and the description of the difficulties and problems of rural practice by Dr. John Preston, of Tryon.

As a story builds up to its climax, so this conference worked its way through the discouragements of scene and circumstance. The tempo changed as the climax approached. The idea emerged that "working together gets things done."

"I believe something can be done by educating the country women in the home-demonstration clubs; they in turn can see that their membership comes to the clinics," said Dr. Jane S. McKimmon, dean in the home-demonstration work in the State.

"We will tell women not only what foods are needed in their diets but how to raise these foods on the farm," said Mary E. Thomas, extension nutritionist of State College.

A remarkable story was told by Mrs. E. T. Harrison, of High Point, of the way in which the High Point Junior Service League had worked for years with the health department and of the entrance into the cooperative picture of the druggists, creameries, teachers, adult-education service, Business and Professional Girls' Club, Alto Arts Club, composed of the wives of leading Negro citizens, sewing class of the National Youth Administration, Jewish women's council, graduate nurses' club, American Red Cross, and Y.W.C.A.

Mrs. Arthur Lee Dozier, of Rocky Mount, explained the work of the Rocky Mount Junior Guild, formed because there was no organized group of women to help the health officer. When the guild began its work, 18 pregnant women and 60 infants and preschool children were helped. In 1938, 446 pregnant women and 529 infants and preschool children were being helped.

The nursing supervisor of the Greensboro Health Department, Mrs. Lewis Raulston, described how the public-health nurse, the medical social worker, and the volunteers supplied by the Junior League have worked successfully in a well-rounded program for 10 years.

In Wilmington, the Sorosis Club started with a milk station, said Mrs. Louis B. Goodman. It increased this work, then branched out into the field of well-baby clinics.

Mrs. W. T. Wanzer of the American Association of University Women and Mrs. J. Henry Highsmith of the General Federation of Women's Clubs summarized and added to the discussion.

Outcome of the Conference

The conference itself was an immediate success--whether measured by the inspiration engendered, by the information spread, or by the geographic and professional distribution of the persons

in attendance. The State must now meet the more exacting measure of long-range success. The test comes in community work, surmounting local difficulties that stand in the way of giving good prenatal and delivery care to every mother and of protecting the life of every newborn child.

A large meeting cannot make a plan on the spot. Through points brought out, however, a conference can indicate a plan. This was done in the North Carolina conference when Dr. F. Bayard Carter, professor of obstetrics and gynecology at Duke University Medical School, correlated the ideas and experiences thrown into the hopper during the day. With vigor Dr. Carter summed up some of the significant ideas expressed in the conference and again drew the picture of need for action to--

(1) Coordinate further the work between public-health and private practitioners; (2) provide trained pediatricians for every district; (3) find a way to use the well-trained young obstetricians to further the State plan for maternal and infant care; (4) train nurses in maternity care; (5) work out ways of cooperation of nurse, midwife, and practitioners; (6) educate women to use the clinics; (7) take from clinic service the idea of charity; (8) provide necessary hospital care with service of trained obstetrician; (9) extend clinic services to all parts of the State.

A motion was passed to turn Dr. Carter's summary, together with the proceedings of the conference, back to the Advisory Committee and to instruct the committee to work with the director of maternal and child-health services of the State Board of Health in forming a program for extended usefulness.

THE OBSTETRIC PROBLEM IN RURAL AREAS[1]

By John Preston, M. D., Tryon, N. C.

Tryon has a population of less than 2,000 but is about three times as large as any other town in Polk County. Polk County is divided by a paved highway that runs from Tryon to Rutherfordton. On one side are mountains and on the other lies the upper Piedmont farming country. Hendersonville is 8 miles north and Spartanburg, S. C., about 20 miles south of the county lines; both are easily accessible by paved highways. Each of these towns has a good general hospital equipped for modern obstetrics. With a few exceptions persons having a satisfactory income can be, and are, delivered in these hospitals. Therefore, my first observation on the problems of rural obstetrics is the economic one.

Persons who live on the mountainous side of the Tryon-Rutherfordton highway are for the most part poorer than those on the other side because of the inferior farm lands found on mountain slopes and narrow ravines. The only doctor practicing in Polk County except in Tryon lives in the heart of the better farming country and does most of the obstetrics there. My observations and opinions therefore are based on practice in a very poor rural area. In this area about one family in 20 can afford a hospital bill and a doctor's bill. Of the other 19 families it is conservative to say that not more than 4 can afford even a doctor's bill. That leaves 75 percent who are unable to pay for medical attention for a delivery.

It is said that money is the root of all evil. The lack of money produces these immediate obstetric evils: (1) The women hesitate to consult doctors for prenatal advice; (2) they are overworked and frequently poorly fed; (3) all too frequently they are ignorant and do not recognize complications developing in themselves; (4) they rely on a neighbor woman to deliver them; (5) they wait until they are in labor to send for a doctor, who frequently finds the baby born before his arrival; (6) their homes and labor beds are unbelievably unsterile. There are no screens and usually no lights. In other words, these pregnant women make little or no preparation for their delivery--by engaging a doctor, keeping their bodies in health, or preparing their delivery rooms.

In the summer of 1936 I was called to a home at night to see a woman who was "sick." When I asked the man on the other end of the telephone

[1]Address delivered at the State-Wide Conference on Better Care for Mothers and Babies, Raleigh, N. C., Feb. 15, 1939.

what the trouble seemed to be he knew only that she had a pain in the stomach. When I arrived with my obstetric equipment I found the typical Polk County obstetric case: A young woman, edematous and pale, lying in bed in active labor. As I examined her abdomen and noted the pains I obtained the story of mild pre-eclampsia. When I asked the mother why someone had not brought the girl to a doctor or to the Pea Ridge clinic, she retorted that she herself had had seven babies without a doctor and that she always had some swelling of her feet and headaches too. Having determined that delivery was imminent I proceeded to set up my sterile table beside the bed in a dirty room. A lamp was put beside the instruments, gauze, and so forth, and immediately flies, routed from the ceiling, descended in buzzing swarms to crawl over the table. I recovered the instruments slightly too late. A few minutes later a cat jumped on the table but was promptly slapped off taking, unintentionally, one sterile towel and a neat stack of sterile gauze. Someone, though, promptly dived for the gauze and swept the pieces up and gingerly laid them back on the table. I was licked, utterly licked. She was delivered normally with a little chloroform analgesia. I finally got back to the car and shivered, partly from the cold air and partly from the numb fear of almost certain infection.

On the way home I realized that most of my cases had been very much like that--some not so bad, some worse. It made me angry, first at my own poor technique, and then at the people who called me at the very last moment to deliver poor physical risks under horribly septic conditions. That girl's delivery by a doctor was probably in no way better than any of her mother's deliveries had been. Her prenatal care was nil and her delivery a farce from the sterile-technique viewpoint. She got along quite well, but her next pregnancy was a supervised one at the Pea Ridge clinic.

The greatest problem in rural obstetrics is educational. It is extremely difficult to persuade young women to have regular routine prenatal examinations. If it is the first pregnancy they usually consult their mothers, who give them the advice they were given by their mothers. In the outlying districts, until recently, I believe that most pregnancies and labors were supervised by midwives. Medical examinations were not thought necessary and even if desired might be indefinitely postponed. Women whose preceding pregnancies have been normal do not feel the necessity of consulting a doctor unless there is something radically wrong. I have been impressed by the number of women who consider edema of legs, weakness, headaches, or swelling of the face and hands as a more or less natural condition associated with pregnancy.

In June 1938 a woman who had had a cesarean operation was brought to the hospital from South Carolina after several hours of convulsions and coma. When asked why she had not consulted a doctor during several weeks that she had had the signs and symptoms of pre-eclampsia, her retort was that she had and that he had told her that all women got swollen and dizzy during the eighth month. That may not have been true, but there is a great deal of education to be given to some of the medical profession, not because they do not know, but because they are busy and have become careless.

But the problem of education is not such a great one. Since 1931 the American Women's Hospital has provided a nurse in Polk County whose duty has been in part to encourage prenatal and pediatric care. The results have been most encouraging. With the cooperation of the State Board of Health the American Women's Hospital organized three prenatal clinics, one in Tryon and the other two in the rural sections. There has been already a marked change in attitude among expectant mothers. Quite often a woman comes in to see one of the private doctors and prefaces her consultation by saying that her neighbor or relative went to one of the clinics and got along so well that she herself wants to be examined and treated during her pregnancy. There is nothing that goes so fast as gossip, good or bad. And if a community has a well-run prenatal clinic it is only a matter of a few months before every woman in the community knows about it. Not all who are pregnant are going to attend, but they are going to be mighty interested in what results that clinic has; and, despite prejudice, custom, or social or financial status, they are going to begin to think of their condition during pregnancy. The day is not far distant when the great majority of women in Polk

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County and, I hope, in North Carolina will have satisfactory prenatal care as a result of the clinic service.

We have a great advantage in the cooperation of the hospital in Tryon. Any woman who attends the clinics knows that if she develops a serious complication she will be hospitalized. For that reason, in considering the problem of rural obstetrics, I have omitted medical or surgical complications.

There is one other major problem, which is the result of the other two. That is that there are not enough doctors who are willing to do rural or home deliveries, and that the midwives are not properly supervised. In our county we badly need two or three good midwives, and so far we have been able to obtain only one.

The question has often arisen in my mind: Why do not nurses become midwives? Of course the answer must be that they could not make a satisfactory living. If we had several midwives who could deliver the women whose cases are normal our clinics would be more satisfactory. And, by the way, we are going to have to face the delivery problem very soon in our section. The tendency to hospital deliveries is making doctors less and less anxious to do home obstetrics. The old "granny woman" seems to be disappearing. One of two solutions seems obvious to me: Either better-trained midwives, preferably nurses, or more maternity shelters or hospital beds. We have gone into the question of a shelter or lying-in hospital for our rural area rather exhaustively, and the estimated cost per patient would be ridiculously high. The answer for the present is better-trained and better-supervised midwives. One other advantage that we offer to our clinic patients is that if they have any complications in labor the midwife may call the doctor who attends the clinic. One doctor could supervise several competent midwives and single-handed take care of the calls for help. At the same time he would not spend so much time doing routine deliveries.

If these are the major problems in obstetrics in rural areas, we may well congratulate ourselves and North Carolina. For the economic question could be settled by our maternity and infant clinics and a good midwife, whose fee should be much lower than a doctor's. The educational problem is rapidly being solved by our nurses and the clinics they run. The scarcity of rural doctors who wish to do obstetrics can be overcome by the maternity and infant clinics and competent midwives under their supervision.

THE MOORE COUNTY COMMITTEE[1]

By Mrs. Wilbur H. Currie,
Carthage, N. C.

Moore County is situated in the sandhills section of North Carolina in which are located the famous winter resorts of Pinehurst and Southern Pines. Our winter residents, by their unselfish interest and capable leadership in all phases of health and welfare work, have played an important part in awakening our citizens to health questions. Our combined efforts culminated in the establishment of an excellent welfare department years ago, of a modern county hospital, and in 1928 of the county health department. For 2 years an infancy and maternity nurse was maintained; but her services were discontinued in 1930.

As a mother, I had been interested in the maternity question for a number of years. My indignation over the indifference of the public to conditions grew as the 71st Congress failed to pass the maternity bill in 1931; and the State Legislature refused as late as 1933 to require midwives to secure certificates from the State board of health. . . .

In 1935 a survey of death certificates revealed that we had lost 57 mothers in 10 years in Moore County. Moreover, there had been an increase in the number of deaths from two in 1927 to eight in 1935--one maternal death for every 56 live babies that year.

I wondered if other citizens would not agree with me that this was a disgrace to our progressive

[1]Address delivered at State-Wide Conference on Better Care for Mothers and Babies, Raleigh, N. C., Feb. 15, 1939.

county. So I wrote to 30 women, prominent in civic affairs in their own localities, asking them to meet with me in March of 1936 to discuss this matter. Eighteen of them came. It was decided to send a committee from this group to ask the county commissioners for a maternity nurse for the next fiscal year, beginning July 1. The fact that the Social Security Act had just been passed gave us a wonderful opportunity. We urged county participation in the State program and our pleas were granted.

Soon after the account of our first meeting appeared in the local papers, Mrs. James Boyd of Southern Pines offered to help in our undertaking. When the committee was organized in November of the same year, she became co-chairman. Following the plan of the New York Maternity Center Association this committee included the health officer, the maternity nurse, a hospital executive, a representative nurse, an officer of the medical society, president of the hospital auxiliary, the home-demonstration health leaders, 10 women civic leaders from all sections of the county, and four doctors as medical advisers.

Knowing how great is the tendency in every small town to overorganize--and we have no towns with a population of more than 2,500--we thought it best not to attempt to form a county association, so we asked the most influential club in each town to sponsor our plans in its social-service or health department. Three P.T.A.'s, three women's clubs, three book clubs, one civic club, and one church missionary society agreed to do so, and each appointed a chairman and committee.

The first work of the local committees was to find two well-lighted and heated rooms in which to hold the monthly prenatal clinics with a maternity nurse in charge. These were established by September in six centers by the county health department. A local doctor was asked each month to hold the clinic, and it has been largely through the cooperation of these doctors that the clinics have been a success. One is now held in the county hospital and serves four towns; one is held in the local doctor's office. All serve more than one community.

The second duty of the committee is to furnish transportation to out-of-town patients who cannot furnish it themselves or whom the nurses cannot bring to the clinic on their way. The local committees are assisted in the work by the hospital motor corps. The clinic chairman and all patients are notified by the health department each month when the clinic will be held.

The interest of the committee in the patient does not end here. An account is kept of the progress of mother and baby for 3 months after delivery. One committee has made layettes and fitted bassinets for 85 babies in the last 2½ years. Often supplementary food, milk, or medicine for the baby or mother is furnished by the local committee or from the county maternity fund. This fund is raised by the county committee members, usually through private donations. Our budget for this year is $1,000, which provides, in addition to the above items, supplements to the fund for doctor's hospital deliveries, to the salary of the nurse-midwife, and to midwife fees for indigent cases.

This brings us to the place of the midwife in our set-up. It appeared from the list of our first clinic patients that a large percentage of deliveries among the colored women and a small percentage among the white women were made by midwives. Of the 52 midwives registered in 1930 only 16 had qualified for service in 1935, although 28, we discovered, made deliveries that year. Although the clinics were reaching an ever-increasing number of mothers and the number of deaths had been reduced by half compared with 1935, we felt sure that closer supervision of midwives and clinic patients than was then possible would increase the number of deliveries by physicians and decrease the number of critically ill patients brought into the hospital for delivery, and thus decrease the number of deaths still further.

Mrs. Boyd, who had a particular interest in the work of the Lobenstine Midwifery Clinic in New York, arranged through the Maternity Center Association to enter a nurse in one of the midwifery courses in 1937. Again the county committee sought the help of the county board of commissioners. In response to our earnest pleading for a nurse-midwife to work with our county health department these far-sighted officials agreed to appropriate $1,500 for a year from county funds alone. With their consent we used the

first $600 to pay the expenses at the Lobenstine school of a graduate nurse who had been recommended to us by the State board of health.

Since our nurse-midwife returned last February, there has not been a single death among the clinic patients. She usually assists the doctor in the examination room at the clinics. Then she takes complete charge of all patients after they have attended their last clinic before confinement and of all abnormal cases when the dangerous symptoms are first discovered. She advises them and helps to make arrangements for their confinement. Where there is need, sheets, gowns, and supplies may be lent by the county committee. In case hospitalization is recommended by the clinic doctor, she makes arrangements. If the patient wishes a midwife for delivery, the nurse-midwife is notified at the same time the midwife is called. Sometimes she attends the delivery; always she is on call in case all does not progress normally. She, in turn, calls the doctor if necessary. Moreover, she makes postnatal visits to these patients to be certain that mother and child are progressing satisfactorily. The number of midwives has been reduced to 12, and all these have passed the course of 10 monthly lessons given by the nurse-midwife in the clinic rooms of the county seat. Their work has been observed during two deliveries each, and their pride in their work has increased greatly.

With more than 600 births in the county last year, there were 489 clinic patients, of whom 85 white and 163 colored patients were new. There were 11 cases hospitalized. During January of 1938 we lost four mothers: Two who had attended three clinics and two who were not clinic patients. This was before our nurse-midwife came. There was one death in the county last summer of a white mother who would not attend the clinic, although the nurse called for her twice.

Our greatest problem is in reaching white mothers who are not among the poorest yet who will not have a doctor until delivery. We are trying to teach them that the clinic is a public-health service and not charity. The reversal in ratio of deaths among white and colored mothers is significant: Five colored and three white women died in 1935, and one colored and four white women, in 1938.

The county committee holds three meetings a year; the chairmen of the local committees, who are ex-officio members of the county committee, hold three additional meetings. Last year we held an open meeting to which everyone in the county who was interested in maternity welfare was invited. We hope to make this an annual affair in March of each year.

THE PARTICULAR NEEDS OF NEGROES[1]

By Walter J. Hughes, M. D.,
North Carolina State Board of Health

A discussion of the Negroes' needs is a complicated one. The welfare of Negro mothers and babies is dependent upon their social and economic background. This background cannot be expressed as a single function, for it has many ramifications. Generally speaking a Negro mother's needs are human ones. Her educational, social, and economic status, however, renders them more acute. Therefore, to know her needs there must be an interpretation and appraisement of all the forces that contribute to her life.

The health and welfare of the child are wrapped in the health and well-being of the mother, hence the core of this whole problem is the mother. The physical fitness of the infant she is to bring into the world and his normal development in the first years of life are largely dependent upon her intelligence and economic condition.

Her first need is education in personal and community hygiene and the principles of healthy living, in infant hygiene and infant feeding, in training the infant in health behavior, in the need for immunization against the preventable diseases, and in the intelligent utilization of physicians, hospitals, and clinics. This education

[1]Address delivered at State-Wide Conference on Better Care for Mothers and Babies, Raleigh, N. C., Feb. 15, 1939.

should be both intensive and extensive and should be extended even down to the girls in high school, for every woman is a potential mother.

The second need is to improve her economic status. Morbidity and mortality have always traveled the roads of ignorance and poverty. The sanitary, social, and economic status of a people is reflected in their infant mortality. The community existed long before the infant, but the mother is a product of the environmental conditions of the community. Traditional status and low income are important detriments to the welfare of mother and baby. When the Negroes' social and economic status measures up to that of other persons there will be equality of maternal and infant care.

The studies of infant mortality made by Rochester and Woodbury revealed that the mortality during the first years of life was between three and four times as great for infants in the lowest income group as for infants of the highest income group. The analysis of maternal deaths reflected similar conditions.

The poverty of the Negro mother is a health hazard not only to her but to her unborn infant. She is forced to work until the very hour of her confinement. Quite frequently she must leave her bed within a week after confinement to gain the bare necessities of life. These mothers, undernourished, poorly housed, overworked, inadequately paid, and sometimes in the throes of tuberculosis, nephritis, heart disease, or syphilis, go on bringing more babies into the world to be brought up undernourished, pale, and anemic and without a fair chance in life.

The third need is communication and transportation; at present this presents no great problem to the urban Negro, but it does present a serious problem to the rural Negro. He lives off the highway, even away from the byways. He has no telephone communication; his means of transportation are too meager to be of value when the need is most urgent. Effective means of transportation and rapid communication are essential to obstetric service. How many mothers and babies perish for lack of these facilities it is hard to estimate. I know of an infant life lost because of this very problem while I was on duty in Halifax County in 1938. A luetic woman had presented herself in the postpartum period for treatment on several occasions. To receive this treatment she traveled on foot a distance of 16 miles. She had told of the illness of her infant and wanted to bring him for treatment, but she had no means of transportation. Finally, as the infant grew worse, in her desperation she came one day to the clinic bearing the infant in her arms. His eyes were sunken, his skin withered and covered with a syphilitic rash. It was too late to save him. That baby perished for lack of transportation. There are thousands of similar cases.

Improved obstetric and pediatric service is certainly one of the most urgent needs. Modern methods are just as essential to Negroes as to any other persons. I shall however confine myself to the public-health aspect of this particular problem.

From the years 1933 to 1937, inclusive, of the 113,647 Negro infants born, 31 percent were delivered by physicians and 69 percent were delivered by midwives. While it is desired and imperative that modern facilities used by trained physicians should be utilized by Negro women, it is one of the tragedies of modern civilization that the obstetric practice for Negro women is largely in the hands of midwives and will be for 25 years to come, probably for 50 years. Therefore, from a public-health standpoint, we must make the most of the facilities that we have at hand.

There must be rigid supervision of the midwives by the health departments, and the midwives must be trained as far as possible in what to do and--even more important--in what not to do. They must be trained in personal hygiene, and their own health must be supervised.

Finally, it is not the woman of means who presents a maternal and infant problem in public health. It is the woman of destitution. It is therefore our duty to get these women into clinics for prenatal and postnatal care, to bring to them newer methods in scientific care, to educate and hold them after we get them. But we cannot hold them unless the members of the clinic staff have sympathy, understanding, and kindness.

I am now on duty in Northampton County. There are several maternity and infancy centers, and these centers are visited not by one, five, or seven women, but by crowds. They come from far

and near; a few in cars, others in carts drawn by mules, and many on foot. They keep coming, bringing their friends. Why do they come? Because the clinics are presided over by sympathetic physicians, assisted by indefatigable and enthusiastic nurses who give the clinic a wholesome and cheerful atmosphere. It is evident by the large attendance at these clinics throughout the county that these mothers are wholeheartedly accepting the facilities that have been provided for the safeguarding of their health.

Probably I have presented a dismal picture of the Negroes' plight--but let all who would look down upon them turn back 30 years to the record of maternal and infant mortality in their own groups, and they will find that they stood where we stand today.

Let us not lay this problem on the backs of any particular people; it is a problem of the State, and its elimination will come through the vision not of a white eye nor a black eye but of a human eye.

THE SOCIAL-SECURITY PROGRAM FOR CHILDREN

NEWS AND READING NOTES

Hearings on national health bill scheduled

Hearings on the national health bill (S. 1620), introduced in Congress on February 28, 1939, by Senator Wagner, are scheduled to be held early in May before a subcommittee of the Senate Committee on Education and Labor.

The members of the Senate subcommittee are:

James E. Murray, of Montana.
Allen J. Ellender, of Louisiana.
Vic Donahey, of Ohio.
Robert M. LaFollette, Jr., of Wisconsin.
Robert A. Taft, of Ohio.

Reprints available from Children's Bureau

The Place of Dental Hygiene in a Maternal and Child-Health Program, by Katharine F. Lenroot, has been reprinted from the *Journal of the American Dental Association* for February 1939. This paper, read by Miss Lenroot before the Section on Children's Dentistry and Oral Hygiene at the Eightieth Annual Session of the American Dental Association, St. Louis, Mo., October 26, 1938, was published also in *The Child*, October 1938.

Four main types of provisions for the administration and nursing direction of public-health-nursing services in State health departments are described in The State Public-Health-Nursing Unit and Its Relation to Special Services, by Jane D. Nicholson, reprinted from the *American Journal of Public Health*, January 1939 (pp. 55-60). This paper was given at the annual session of the American Public Health Association in Kansas City, Mo., October 25-28, 1938.

Social-Service Admitting in Public Hospitals, by Ruth Tartakoff, medical social consultant for the Crippled Children's Division of the United States Children's Bureau, is reprinted from *Hospitals* for December 1938. In support of the practice of using social-service methods in admitting patients to public hospitals Miss Tartakoff advances four arguments based on a differentiation between public and voluntary hospitals: The psychological importance of the patient's first contact with the hospitals; the legal obligation of the public hospital to serve a definite geographic area, regardless of the adequacy of its physical equipment; the need for elasticity in admission policies; and the fact that admission to a public hospital is frequently one of a continuous stream of social services offered to the applicant.

Reprints from Annals available

Copies are available of reprints of two articles from the *Annals* of the American Academy of Political and Social Science for March 1939: Health Security for Mothers and Children, by Katharine F. Lenroot (pp. 105-115), and Child-Welfare Services, by Mary Irene Atkinson (pp. 82-87). In these two articles the development of the three services administered by the Children's Bureau under the Social Security Act are described through the fiscal year ended June 30, 1938.

COOPERATIVE ACTIVITIES IN THE MARYLAND NUTRITION PROGRAM

By Catherine M. Leamy, Nutritionist,
Bureau of Child Hygiene, State of Maryland Department of Health

In planning the nutrition program in Maryland under the maternal and child-health services of the Social Security Act one of the major problems that had to be considered by the bureau of child hygiene was the dissemination of nutrition information in each of the 23 counties through but one nutritionist. To overcome this difficulty it has been possible to obtain the cooperation of various groups.

Extension Service

The University of Maryland Extension Service has been of invaluable assistance in conducting nutrition demonstrations at prenatal clinics in nine counties. During the period in which mothers wait to be examined the home-demonstration agent shows methods by which simple foods may be prepared and teaches the mother the principles of a prenatal diet. After the discussion each mother has an opportunity to taste the food described and talk with the agent about ways in which it may be used in her home.

In one county the home-demonstration agent has cooperated with the health department in a series of group meetings. These meetings were held at the sewing center in the community where women meet one day each week to make over old clothes. The community recreation leader attended each meeting, starting the activity with a game in which each member of the group participated. This was followed, in six of the meetings, by a demonstration of food preparation or a discussion of home management by the home-demonstration agent. In the remaining six meetings either the health officer or the public-health nurse discussed various phases of child care. The meetings became a regular part of the community sewing day.

State Department of Education

In cooperation with the State department of education it has been possible to form community classes in nutrition in two counties under the following procedure:

1. Classes must have a minimum average attendance of 10 persons who are over 16 years of age and do not attend regular day school.

2. Classes are offered in unit courses of 10 lessons, 2 hours each.

3. The home-economics teacher chosen by the department of education is paid through the office of the county superintendent of schools.

4. The county health authorities arrange for materials and place of meeting.

5. The State nutritionist, the county health-department staff, and the home-economics teacher together decide on the course of study.

The home-economics teachers cooperate also in speaking on food selection and requirements at community meetings when the nutritionist is not available.

Hospitals

In both Johns Hopkins Hospital and the University of Maryland Hospital the dietetics department provides a student each month to give demonstrations at the well-child conferences held in Baltimore County.

Community Health Committees

In one county in which a class is being conducted by the county health department in cooperation with the State department of education, the local health committee takes the entire responsibility of providing a place for the meeting, furnishing the equipment, and arranging for transportation to and from outlying districts.

Several community health committees have furnished the money to purchase the equipment used in demonstrations at the prenatal clinics, and in some instances members attend the clinics in order to assist the demonstrator.

Such services given by both professional and lay groups in the community not only are valuable individual contributions but make it possible to further greatly the effectiveness of the nutrition program in each county.

MATERNAL, INFANT, AND CHILD HEALTH

FOREIGN NOTES

Health program for school children in Argentina

A health program for school children, which has been in operation for several years in Buenos Aires and a few other large cities in Argentina, is to be extended to the entire country following a recent decision by the National Council of Education, the Federal authority in charge of education.

All the Provinces and Territories will be divided into districts, each employing one or more physicians who will hold regular office hours for school children, teachers, and the administrative staff. The physicians will also inspect the public and private school buildings, take measures for the prevention of contagious diseases, and give lectures on hygiene before the teachers.

School dentists will be employed for treating the children and teaching oral hygiene to teachers, children, and parents. School nurses will visit the homes to teach the parents child care and will lecture on hygiene before the teachers, children, and parents. The Division of School Medical Inspection of the National Council of Education will be in charge of all the school medical work.

(Informaciones Argentinas, Dec. 15, 1938.)

Work of infant-health centers in Swedish city

The effect of the work of infant-health centers on infant health is shown in a report on the work of these centers in the city of Goteborg, Sweden, in 1934-37. During that period 65 percent of all the children born in Göteborg were under the supervision of the city's 11 health centers. The children were examined by physicians at the centers at least 4 or 5 times during the first year of life and were visited at their homes by nurses 15 to 20 times during the year.

Among children born in one year 49 of each 1,000 supervised at the health centers needed hospital care and 107 of each 1,000 not so supervised. Social conditions, which are an important factor in illness, are said not to differ sufficiently between the two groups to explain the difference in the figures. The illnesses of the nonsupervised children were as a rule more severe than those of the supervised children, and hospital care in excess of 2 weeks was necessary for 34 of each 1,000 nonsupervised children per year, but only for 15 of the same number of supervised children.

(Tidskrift för Barnavård och Ungdomsskydd, Stockholm, No. 6, 1938.)

BOOK AND PERIODICAL NOTES

BIOGRAPHIES OF CHILD DEVELOPMENT; the mental-growth careers of 84 infants and children, by Arnold Gesell, M. D., Burton M. Castner, Ph.D., Helen Thompson, Ph.D., and Catherine S. Amatruda, M.D. Paul B. Hoeber, Medical Book Department of Harper & Bros., New York. 1939. 328 pp. $3.75.

For years the Yale Clinic of Child Development has been measuring the motor, emotional, and social responses of infants during the early months of life and, on the basis of an integration of the various types of behavior observed and of comparison with established norms, has been making predictions of the potentialities for growth and development of the children. In the present volume Dr. Gesell and his associates correlate these early predictions with the actual status attained 10 years later by the children studied.

On the whole the predictions have been fulfilled. In the few instances in which subsequent development has not confirmed the findings in infancy, the data collected during infancy are dissected with the advantage of the knowledge of the child gained during the subsequent years to determine what factors of interpretation have contributed to the faultiness of the predictions.

The work of the Yale Clinic has demonstrated that in the early months of life the infant shows his potentialities and, given a reasonable opportunity for normal growth and development, reaches a level of attainment in harmony with his behavior as an infant. The rate of development is shown to be an individual characteristic inherent in each infant: It proceeds according to a more or less

fixed pattern during infancy and childhood and is closely correlated with the ultimate level which the individual may attain.

Although growth is uniform and predictable in most cases, occasional factors were found to interfere with the normal progress of events. Gross neglect and emotional distress were found to retard the rate of development. The tendency to revert to the normal for the individual was so strong, however, that the retarding factor must be very severe and of long duration to counteract it and, even under moderately adverse conditions the children, more frequently than not, attained their predicted level.

Severe illness, although it sometimes temporarily retarded the developmental rate, did not permanently change the expected attainment level unless damage to the brain had occurred.

The measurement of rate of development in infancy in the Yale Clinic is dependent upon a comparison of the observed behavior of the infant with that of established norms for infants of the same chronological age. It is, therefore, most important for an accurate measurement of developmental rate to have reliable data of the child's actual postconception age. Chronological age is based on date of birth, so that for cases in which birth takes place either before or after the usual 10 lunar months of intrauterine life, a correction must be made in order to compare the development of an infant with the norms established for his true age. When birth data were not obtained with accuracy, predictions were found to be less accurate.

As a contribution to the understanding of the development of children, this book is of interest to clinicians, psychologists, and social workers, and of special value to all persons interested in problems of adoption.

D.V.W.

TRANSACTIONS OF THE AMERICAN PEDIATRIC SOCIETY, Semicentennial Annual Meeting, May 5-7, 1938. Edited by Heyworth Naylor Sanford, M. D. (152 North Michigan Blvd., Chicago), vol. 50. 83 pp.

This is a report of the joint meeting of the American Pediatric Society and the Society for Pediatric Research, held at Great Barrington, Mass., May 5, 6, and 7, 1938. Among the papers presented are: Clinical Experience With an Incubator Controlling the External Environment of Premature Infants, by Charles C. Chapple, M. D.; Vitamin C Content of the Blood in Newborn Infants, by Heyworth Naylor Sanford, M. D., and Arthur W. Fleming, M. D.; the American Pediatric Society and the Child-Welfare Movement, by Henry L. K. Shaw, M. D.; and Daily Water Exchange of Premature Infants, by Samuel Z. Levine, M. D., and H. H. Gordon, M. D.

REPORT OF A SURVEY OF THE HEALTH DEPARTMENT AND OTHER HEALTH AGENCIES IN THE DISTRICT OF COLUMBIA. U. S. Public Health Service, Washington, 1939. 400 pp.

The District of Columbia Health and Hospital Survey made in 1937-38 by the United States Public Health Service and collaborators covers a wide range of activities.

The section entitled "Maternal, Infant, and Preschool Child-Health Services" (pp. 144-231) was prepared by Ethel C. Dunham, M. D., Marian M. Crane, M. D., and other members of the staff of the United States Children's Bureau. This section includes statistics on live births, stillbirths, and infant and maternal mortality in the District of Columbia, compiled by the United States Bureau of the Census. Findings on maternity hygiene cover obstetric service, prenatal care, and field nursing services. Findings on infant and preschool-child hygiene include Health Department services, Child Welfare Society services, field nursing services, institutions boarding children, and day nurseries. Findings on special provisions for medical care of children include hospital services, services for crippled children, and services for treatment of venereal disease in children.

Other sections deal with cancer, communicable-disease control, dental hygiene, health education, food inspection, hospitals, laboratories, mental hygiene, mortality trends, public-health nursing, pneumonia control, sanitation, school medical inspection, tuberculosis control, venereal-disease control, and vital statistics.

At the beginning of the report a summary of recommendations is given divided into principal recommendations and specific recommendations, which include construction of additional facilities for the Health Department, for hospitals, and for three new health centers, and administrative recommendations for each activity covered.

DIETS OF FAMILIES OF EMPLOYED WAGE EARNERS AND CLERICAL WORKERS IN CITIES, by Hazel K. Stiebeling and Esther F. Phipard. Department of Agriculture Circular No. 507, Washington, January 1939. 141 pp.

As part of a cooperative Nation-wide study of consumer purchases the Bureau of Home Economics has analyzed the content, cost, and nutritive adequacy of the diets of families of employed wage earners and low-salaried clerical workers. The analysis is based on aoout 4,000 records made by the Cost of Living Division of the United States Bureau of Laoor Statistics in 1934-37, covering a family's food consumption for the period of a week. The study shows that: "The chances for better diets increased with rising per capita expenditures for foods. . . . But the quality of the food supply selected by families was by no means only a matter of level of food expenditure. At every expenditure level above a certain minimum, some families succeeded in obtaining good diets but others procured food only fair or poor from the standpoint of nutritive value."

I AM PHYSICALLY HANDICAPPED. Anonymous. *Parents' Magazine*, vol. 14, no. 3 (March 1939), pp. 30, 99-100.

A girl crippled by infantile paralysis at the age of 3 years describes the long struggle by her family to treat her as "normal" and by herself to behave like a "normal person" and the disastrous results of this policy in her own life. When at last a surgeon taught her to face her handicap frankly she experienced "wonderful relief." Under his guidance she found something she could do (teach swimming to younger crippled children) not merely as well as normal persons, but better *because* of her lameness, and for the first time succeeded in making what she herself considers a more truly normal adjustment to life.

FOOD AND WELFARE, by F. L. McDougall. League of Nations Studies of Nutrition and National Economic Policy. Issued by the Geneva Research Center; distributed in the United States by Columbia University Press, New York. 56 pp. 40 cents.

This pamphlet reviews recent activities of the League of Nations related to nutrition in the light of their contribution to increased economic welfare. The author has considered in turn trends in food habits, the economics of food consumption, standards of living, and the agricultural problem. He concludes: "The five aims of an improved level of nutrition, higher standards of living, a more prosperous world agriculture, freer international trade, and an increased volume of trade, together interlock to form lines of policy which should insure economic and political stability to the nations prepared for such cooperation and if vigorously prosecuted should help to promote the peace so desirable but so difficult of achievement in the world today."

EL CUIDADO DEL NIÑO (Child Care), by Rosa de Mora. Tipografia Nacional, Guatemala, C.A., 1938. 396 pp.

This is the second revised edition of a book first published in 1933.

It was the first book on child care ever issued in Guatemala and is said to fill a great need not only in Guatemala but also in other countries of Latin America. For this reason it is distributed free of charge by the Government.

The author discusses prenatal care; the care of the infant, including his feeding, weaning, dentition; and his growth. There are also chapters on vitamins and other necessary elements of the child's food, sun baths, habit formation, care of the ill child, and the fallacy of superstitions. The final chapter consists of recipes for preparing foods for the baby.

The Children's Bureau *does not distribute* the publications to which reference is made in *THE CHILD* except those issued by the Bureau itself. Please write to the publisher or agency mentioned for all others.

CHILD LABOR

INJUNCTION GRANTED RESTRAINING VIOLATIONS OF CHILD-LABOR PROVISIONS

As the result of action instituted by the Chief of the Children's Bureau against the Duplan Silk Corporation under the child-labor provisions of the Fair Labor Standards Act, a perpetual injunction was granted March 29, 1939, in the Federal District Court for the Western District of Virginia against that corporation enjoining it from violating the child-labor provisions of the Fair Labor Standards Act in its Grottoes, Va., plant.

The Duplan Silk Corporation is engaged in the manufacture and interstate shipment of rayon fabric and has operated factories in Pennsylvania for a number of years. When its Grottoes, Va., factory was opened early in 1938 the only child-labor law to which it was subject was the Virginia child-labor law with a minimum age of 14 years for employment. Because the Duplan Corporation manufactures goods for shipment in interstate commerce, however, it became subject on October 24, 1938, to the Fair Labor Standards Act, which went into operation on that date.

Inspection in January 1939 disclosed that at least six children under 16 years of age were employed at the Grottoes plant, contrary to the child-labor provisions of the Fair Labor Standards Act. After repeated advices to the corporation that it could protect itself by obtaining certificates of age for its minor employees, reinvestigation showed that six children under 16 were still employed, and that one girl was working on the night shift in violation of the Virginia child-labor law. Action was instituted by the Children's Bureau to restrain the corporation from continuing to ship goods in interstate commerce from the Grottoes plant if it continued to employ minors under 16 in that plant contrary to the child-labor provisions of the act.

After a hearing at which it was agreed by both parties that there was no dispute as to the facts of the matter, the court issued an injunction against the Duplan Silk Corporation by which that corporation is "perpetually enjoined and restrained from shipping or delivering for shipment in interstate commerce any rayon fabric produced in its said establishment at Grottoes, Va., and removed therefrom within 30 days after any minor under the age of 16 years shall have been employed at any time from and after March 29, 1939, in or about defendant's said establishment at Grottoes, Va."

This injunction is the first to be issued in restraint of violations of the child-labor provisions of the Fair Labor Standards Act of 1938.

LEGISLATIVE NOTES

Cooperation with Department of Labor Six States, California, Montana, North Carolina, Oregon, South Carolina, and Vermont, had adopted legislation, by April 1, 1939, authorizing State cooperation with the Wage and Hour Division and the Children's Bureau of the United States Department of Labor in the enforcement of the Fair Labor Standards Act of 1938.

West Virginia legislation affecting child labor In West Virginia two laws enacted in 1939 affect child labor and compulsory school attendance. H. B. 234 enacts a new child-labor law to replace the existing law which provides a basic 14-year minimum age for employment. The new law establishes a basic minimum age of 16, reduces the maximum hours of labor for children under 16 from 48 to 40 a week without changing the provision for an 8-hour day and 6-day week; prohibits night work between 8 p.m. and 5 a.m. for such minors (night work is now prohibited between 7 p.m. and 6 a.m.); requires lunch periods for minors under 16; raises the minimum age for work in hazardous occupations from 16 to 18; requires work permits for the employment of minors under 16 years of age, to be issued only on proof of age, completion of eighth grade (except for boys 14 years of age or over in nonfactory employment outside school hours), and proof of physical fitness. S. B. 229 strengthens the compulsory school-attendance requirements.

BOOK AND PERIODICAL NOTES
(Child Labor)

SIXTH GRADERS TWELVE YEARS LATER: Studies in Economic Security, III, Regional Department of Economic Security, Cincinnati, Ohio, 1938. Processed. 82 pp.

The present report is an outgrowth of an earlier report made by the Cincinnati Board of Education in 1931. The earlier report dealt with students graduating from high school who had been included in a group of 4,184 pupils given intelligence tests in the sixth grade, in 1923-24, and with the predictive value of these tests. For the present study, which has the additional value of checking up on all the original group who could be located after a 12-year period, information as of March 1, 1936, was obtained from 2,485 individuals, 60 percent of the original group.

A general tendency was found for children low in the intelligence scale to stop their schooling early and for persons higher in the intelligence scale to go on through high school and college.

The findings of the study include data on employment status and type of occupation for the group studied, averaging 24 years of age in 1936, grouped by amount of schooling completed and by ranking on the intelligence tests given in the sixth grade.

THE NEGRO WOMAN WORKER. U. S. Women's Bureau, Bulletin No. 165, Washington, 1938. 17 pp.

So scanty is the information on Negro women workers that it has been possible to condense the most significant data, including selected references, into a leaflet of 17 pages. The employment of Negro women in domestic and personal service, agriculture, manufacturing and mechanical industries, and white-collar occupations is summarized.

As is pointed out in the introduction, "Negro women have formed . . . a new and inexperienced group in wage employment. To their lot, therefore, have fallen the more menial jobs, the lower paid, the more hazardous--in general, the least agreeable and desirable. And one of the tragedies of the depression was the realization that the unsteady foothold Negro women had attained in even these jobs was lost when great numbers of unemployed workers from other fields clamored for employment."

THE TENTH YOUTH. National Youth Administration, Washington, 1938. 12 pp.

Approximately every tenth youth in the United States is a Negro. The extent of participation by Negro youth in the program of the National Youth Administration is described in this leaflet.

It is stated that 55,000 young Negro men and women, 16 to 24 years of age, are receiving general education, practical training, guidance, work experience, and healthful recreation, in addition to more than $500,000 a month as direct work-aid benefits under the NYA program.

WAGE AND HOUR LEGISLATION IN ACTION; addresses made at the Thirty-eighth Annual Meeting of the National Consumers' League, New York City, December 9, 1938. National Consumers' League, New York. 39 pp. 20 cents.

Papers by Major Arthur L. Fletcher and Beatrice McConnell present the administrative point of view of the Wage and Hour Division and the Children's Bureau of the United States Department of Labor. Frieda S. Miller contributes suggestions from the experience of New York State with minimum-wage legislation. A paper presented by Paul F. Brissenden, Economic Implications of the Wages and Hours Act, is followed by discussion by J. Raymond Walsh and by a reply submitted subsequently by Mr. Brissenden. The concluding paper, by Robert J. Watt, presents some suggestions for adapting the standards of the Fair Labor Standards Act for use in State legislation.

A STUDY OF JUNIOR APPLICANTS IN SPRINGFIELD, MASS., by Amy Hewes, Ph.D. *Employment Service News*, U. S. Department of Labor, vol. 5, no. 11 (November 1938), p. 17.

The records of 1,357 junior applicants at the Springfield office of the Massachusetts State Employment Service were studied in February and March 1938 by students in the social-statistics course at Mount Holyoke College under the direction of the author. More than two-fifths of the group had had some high-school experience, 380 applicants had attended vocational school, and 45 were in evening school. Examination of the reported reasons for leaving the last job held by the applicants revealed that 56 percent had been laid off.

GENERAL CHILD WELFARE

THE WHITE HOUSE CONFERENCE ON CHILDREN IN A DEMOCRACY

RADIO TALK BY FRANCES PERKINS, SECRETARY OF LABOR[1]

The great interest which citizens in all parts of the United States are showing in the forthcoming White House Conference on Children in a Democracy is very gratifying to all of us who are engaged in planning for it. I am grateful indeed for this opportunity to answer some of the inquiries about the conference which have come to me as its chairman and to discuss the reasons why I think it is a very important undertaking.

It was just 30 years ago that the first White House Conference on the Care of Dependent Children assembled at the call of President Theodore Roosevelt. Other conferences under Presidential auspices were held in 1919 and 1930, so that this conference is the fourth in a series of White House conferences organized to consider the extent to which the needs of children are being met by our democratic civilization.

Perhaps some people may wonder why we need a White House conference to express our affectionate concern in the welfare of children. Nowhere, I feel sure, are the interests of children more deeply cherished than in America. Our forefathers came to this Western Hemisphere chiefly for the purpose of founding homes under conditions where their children would be able to enjoy freedom and opportunity for the fullest possible development of their inborn capacities. Our Nation was the first in the world to establish a special agency of the National Government for the service of children. The support which professional and citizen groups in the United States have given to the Children's Bureau of the United States Department of Labor bears witness to the place which children hold in this country.

It is our awareness of the importance of centering attention, in the development of our American democracy, upon those in the population who are in the most formative and impressionable period of life, namely, on the children, that leads us to review the extent to which their needs are being met and the ways in which we may assure to them those safeguards and opportunities upon which their growth and development depend.

The first session of the conference will be held at the White House on April 26, 1939, and will be opened by President Roosevelt, who has consented to serve as Honorary Chairman. Arrangements have been made by a planning committee of some 70 men and women who are leaders in our national life. The Governor of each State has been asked to recommend a representative of his State for membership in the conference. Approximately 550 persons, including members of the planning committee and State representatives, are being invited to participate in the work of the conference. The first session will be for the purpose of determining what are the most important subjects to be considered and how best to organize the conference activities. Following this session there will be a period of 6 or 8 months devoted to committee work with a final meeting early in 1940 to consider the material brought together by the committees and their conclusions concerning the ways in which the aims of a democratic society for children may be brought to fuller realization.

I am glad to say that the group which will be assembling at the White House on the morning of the twenty-sixth will not be confined to any single group of specialists. It is essential, if the work of the conference is to be a success, that the widest possible range of activities and knowledge of children be drawn upon. The list of persons invited includes economists, physicians, nurses, educators, social workers, clergymen, editors, persons responsible for business administration and for directing the work of labor organizations, persons having special knowledge of child labor and of employment opportunities for children, and recreation leaders. There will be present also persons who have served actively in organizations such as the General Federation of

[1] Broadcast over Mutual Broadcasting System, April 5, 1939.

Women's Clubs, the Congress of Parents and Teachers, the American Legion, and many other agencies through which the interest of citizens in public welfare finds expression.

The first White House conference, held in 1909, was concerned with the care of dependent children. Its keynote was expressed in these words, "Home life is the highest and finest product of civilization. Children should not be deprived of it except for urgent and compelling reasons." That conference established the principle that children should not be removed from their own homes for reasons of poverty alone. The principle found expression in the mothers' pension movement, and today we see its results in the fact that more than 600,000 children are being cared for through those provisions of the Social Security Act which provide home care for dependent children.

The purposes of the fourth conference are perhaps more similar to those of the first conference than to those of the conferences held in 1919 and 1930. The theme of the fourth conference is democracy--that concept of social and political organization which regards the development of the human personality in an atmosphere of freedom as the central aim of the social order and which, therefore, cherishes the family as the primary social unit. The 1919 conference, held under the auspices of President Wilson, was directed toward the advancement of minimum standards of child welfare as sharply defined in the period of social stress which the war years represent. The 1930 conference, sponsored by President Hoover, was an attempt to assemble and make available all that science and material progress could teach us of the ways in which child life can be nurtured.

I do not need to describe the great changes that have taken place in the last 10 years. Each morning when we pick up the daily paper we read of the problems which these changes have brought and the efforts that are being made to solve them. Our task today is to see that in our earnest endeavor to find a solution for some of these problems the needs of children are not overlooked or forgotten. In the report of the Cabinet Committee which developed the outlines of the social-security program, it was stated that "it must not for a moment be forgotten that the core of any social plan must be the child. Every proposition we make must adhere to this core." This statement still holds true. A major purpose of the forthcoming White House conference will be to see that the needs of children and the conditions of child life in our country today receive the recognition which their importance demands--that in dealing with the other pressing problems of our national life we never forget that the whole purpose as well as the future of our whole civilization centers around the children.

The name of this conference is Children in a Democracy. Our aim in the United States has been to endeavor to work out a democratic way of living on the basis of agreed procedures set up by the people in a charter or constitution of government. This method presupposes an enlightened citizenship, possessing a conviction of the general purposes of our civilization and the direction in which it should develop, and an understanding of the importance of orderly processes for achieving these purposes.

President Roosevelt, when Miss Lenroot and I went with other members of a committee to see him about the conference, showed his very great interest in the problems of children and youth in this day when world events impress upon us the need for developing and extending the real meaning and benefits of our democracy.

The conference will be reviewing, it seems to me, a great deal of what we know about children and in some ways take for granted. Some of the programs to which we have been devoted for years past are being challenged today. Perhaps this is a good thing. In any case, I think it is well for us to review our own thinking, planning, and activity from a very critical point of view, and from the point of view of usefulness to the present and to the future life of this country. We are challenged today, not only with regard to the usefulness of what we have done, but also with this question, "What *is* democracy and where is it leading us? What is the purpose--the unifying purpose--of life on this continent and in that part of it which we call the United States of America?" I am more and more convinced myself that what we are looking for, all of us, is a unifying purpose.

The forthcoming conference will not engage in extensive research in new fields nor attempt to break new ground; rather, it will deal with the

meaning of democracy to children and youth, not only from the point of view of the safeguards and opportunities it assures to individuals, but also in relation to what children and youth should be prepared to give in the service of democracy.

As I see it there will probably be two main points of emphasis in the work of the conference and the committees which will be organized as part of this undertaking: First, the economic factors which underlie the security of home life, which we are convinced is the highest product of civilization and the safest basis of democratic order; and second, conditions and factors which make for the freedom of development of the individual and assure him that he will have some chance for utilizing his inborn capacities and talents in satisfying and worth-while ways within the framework of democratic institutions.

This conference will have available to it much more complete information concerning the economic basis for family life than has been provided for any previous conference. During no single decade of our history has there been as complete study of the facts pertaining to our economic structure and activities as during the period since 1929. When I review the reports which come to me periodically from the Bureau of Labor Statistics on the amount of employment in the United States and the payroll index, I think of what they mean in terms of the opportunities afforded heads of families for earning a living. Statistics of employment and unemployment have their greatest significance when considered in relation to what they mean to parents and children. Measures for agricultural and industrial recovery, for fair labor standards, and for social security are ways in which we are trying to strengthen family life in this country. Through the Wage and Hour Division operating under the new Fair Labor Standards Act efforts are being made to afford the wage earners of this country minimum standards of pay and of working hours. The extension of facilities for good housing is basic to the establishment of good homes. It is incompatible with the principles of our democracy that children should be without decent homes or nourishing food, without protection for health or opportunities for education, or that the income of parents should be so inadequate that they cannot provide for their children the type of home life essential for their normal growth and development.

In general the responsibility for the care and rearing of children rests most heavily on the persons and on the parts of the country with the poorest economic resources. In 1930 the farmers received only 9 percent of the national income, but the farm population was responsible for the care and education of nearly one-third of the children of the country. The National Resources Committee, in a study of consumer income for 1935-36, showed that among 29,000,000 families of two or more persons sharing a common income and living under one roof, 14 percent had incomes of less than $500 during the year studied.

One of the ways in which the Federal Government and the States are trying to meet this problem of family income is through the public-assistance provisions of the Social Security Act. The Federal-State program of aid to dependent children has lagged behind the program of old-age assistance and the House Committee on Ways and Means has had under consideration recommendations of the Social Security Board transmitted to Congress by the President in January 1939. These recommendations would raise the Federal contribution for aid to dependent children to 50 percent (the same as for aid to the old and the blind), permit aid to the age of 18 years if the child is in school, and liberalize the maximum amounts of payments for which Federal contribution is authorized. It is urgent that steps be taken to provide more adequately for children whose homes are broken or who lack support because of the death, desertion, or disability of a parent. We all want to see old people cared for adequately and in comfort, but we must not forget that the future of America depends upon the child and the opportunities for security, health, and growth available to him.

Studies made by the Interdepartmental Committee To Coordinate Health and Welfare Activities indicate that despite the real progress that has been made in recent years, there are still serious gaps in our preventive health services. We know, for instance, that about two-thirds of the rural areas of the country lack clinics or health centers and that in about one-third of the counties in the United States there is still no public-health nurse to look after the health of mothers and children in rural communities.

State child-labor laws are tending to establish 16 years as the minimum age for regular employment of young persons in industry. This is the minimum-age standard set in the Fair Labor Standards Act of 1938. Raising the age of entrance into industrial employment, whether by legislation or through economic changes, makes it all the more necessary for us to face the need for the development of the schools so that they will afford opportunity for children of all ages from the nursery school or kindergarten through the secondary-school period if childhood is to be a time of progressive growth and development.

These are some of the questions which will be under consideration during the coming year, under the leadership of the White House Conference on Children in a Democracy. The conference will be a success if its work is followed by citizens all over the country with understanding and with appreciation of what all such efforts mean to those values which we in America hold most dear.

CONFERENCE CALENDAR

May 8-14	General Federation of Women's Clubs. Council meeting, San Francisco.
May 12-13	American Heart Association. Fifteenth scientific meeting, St. Louis. Headquarters: 50 West Fiftieth St., New York.
May 15-19	American Medical Association. Ninetieth annual meeting, St. Louis.
May 15-20	Fourth International Congress of Comparative Pathology. Rome, Italy.
May 20-24	Florence Crittenton League. Fifty-sixth National Florence Crittenton Conference, Boston. Headquarters: 88 Tremont St., Boston.
June 18-24	American Library Association. Annual conference, San Francisco.
June 18-25	National Conference of Social Work. Sixty-fifth annual session, Buffalo, N. Y. General Secretary: Howard R. Knight, 82 North High St., Columbus, Ohio.
June 20-22	American Public Welfare Association. Buffalo, N. Y.
June 20-23	American Home Economics Association. Thirty-second annual meeting, San Antonio, Tex.
June 26-29	National Tuberculosis Association. Thirty-fifth annual meeting, Boston. Permanent headquarters: 50 West Fiftieth St., New York.
June 27-29	National Conference on Maternity and Child Welfare. London.
July 2-6	National Education Association. Seventy-seventh annual convention, San Francisco. For reservations write to Chairman, N.E.A. Housing Committee, 200 Exposition Auditorium, San Francisco.
July 7-27	Fourteenth Seminar in Mexico. Committee on Cultural Relations With Latin America, 156 Fifth Ave., N. Y. Seminar sessions will be held in Cuernavaca, Puebla, and Mexico City.
July 8-15	International Federation for Housing and Town Planning. Stockholm, Sweden.
July 16-22	Fourth World Congress of Workers for the Crippled, Bedford College, London. Joint auspices of the International Society for Crippled Children (Elyria, Ohio) and the English Central Council for Care of Cripples. Information on sailings: H.W. Roden, Travel Bureau, Mellon National Bank, Pittsburgh, Pa.
July 17-21	American Dental Association. Annual meeting, Milwaukee.
Aug. 6-11	World Federation of Education Associations. Eighth biennial congress, Rio de Janeiro. S. S. Rotterdam summer cruise sailing from New York July 5 and from New Orleans July 10, return to New York August 27. Permanent headquarters: 1201 Sixteenth St. NW., Washington, D. C.
Aug. 14-18	National Medical Association. New York.
Aug. 27-31	American Dietetic Association. Annual meeting, Los Angeles.
Sept. 11-15	American Congress on Obstetrics and Gynecology. Sponsored by American Committee on Maternal Welfare. Cleveland, Fred L. Adair, M. D., Chairman.
Oct. 12-19	Eighth Pan American Child Congress. San Jose, Costa Rica.
Oct. 22-25	International Society for Crippled Children and National Society for Crippled Children. Annual meeting, Dallas, Tex.

PAN AMERICAN CHILD CONGRESS POSTPONED TO OCTOBER 12-19, 1939

Notice has been received from the Department of State that the Eighth Pan American Child Congress will be held at San José, Costa Rica, October 12-19, 1939. The postponement was made by Executive Decree published in the Official Gazette of Costa Rica on March 24.

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